

**Steps to a Healthier US Workforce Symposium
Washington, DC. Oct. 27, 2004**

Recorder: James Spahr

Organizers & Moderators: DeLon Hall & Bonnie Rogers

**Concurrent Session A-2:
Health Promotion in Health Care and Pharmaceutical Industries**

Speakers/Topics and Discussion Bullets:

A. Kay Campbell, EdD, RN/COHN - GlaxoSmithKline Pharmaceutical Company
Presentation: *Enhancing Employee Health Through and Integrated Employee Health Management Program.*

Key Concepts:

- GlaxoSmithKline's employee health strategy mapping approach reviewed to describe employee health management fundamentals, processes, customer partnerships, and financial models for assessment.
- Historical overview of GSK transition phases from industrial medicine to contemporary corporate health management presented.
- Wellness Quadrant Model reviewed for both individual and organizational assessment.
- Building organizational resilience steps to create a work environment that positively impacts upon employees and business goals reviewed using their Asheville Project as an example.
- Healthy GSK People 2010 targets and outcome measures reviewed.
- Employee Personal Health Assessment Model Elements (Stay Well, Get Healthy, and Maintain Health) reviewed.
- Examples of GSK Employee Health Programs and Specialized Initiatives.

B. Barbara Eischen – Director/Health & Benefits, Fairview (Minneapolis) Health Services

Presentation: *Fairview Health Services' Experience*

Key Concepts:

- *Fairview Alive Program* is the winner of 2003 C. Everett Koop National Health Award, and the 2004 Institute for Health Management and Productivity Management Corporate Health & Productivity Management Award. Their program has been recognized for its experimental research design, comprehensive program components, and for integration throughout the company.
- *Fairview Alive* Worksite Health Promotion Program first piloted in 1995 and fully implemented in 2001 for 17,000 employees.
- Reviewed its business model approach to company decision makers. Twin goals: a. engagement of the employees and b. financial value to the organization, and presented as a long term strategy.
- Reviewed initial needs analysis (analyzed medical, disability, unplanned absences, and Workers Compensation claims) to determine health risks and leading claims; and reviewed identification of avoidable claims.

- Fairview Alive core programs: Employee Assistance Program, Employee Benefits (health plan) and Employee Occupational Health Services.
- 3 – 5 year long term strategy to reduce claim rates and build corporate return on investment (ROI).
- Population health management approach built around the Continuum of Health Risk Model with five components: Wellness, Risk, Demand, Disease, and Disability Management. All with specific program activities, targets and goals.
- Examples of Infrastructure Support were reviewed.
- 30 Month Evaluation Study results show that program was successful in engaging employees, establishing trust, and building awareness while providing program savings in excess of the amount invested. Examples given for changes in health risks, absence, and Workers Comp. and medical plan expenses.
- 2004 targets focus on musculoskeletal health, depression, diabetes and heart disease.

C. Gregory Larkin, MD – Director/ Corporate Health Services, Eli Lilly and Company (Pharmaceutical Company)

Presentation: *Leveraging Employee Assets for Improved Health Services*

Key Concepts:

- Reviewed Four Stages of Corporate Health Status and Productivity, and the impact that Community-based healthcare systems and Workplace-based healthcare systems play.
- Corporate Valued Deliverables: a. Reduction of Avoidable Major Illness; b. Minimization of minor ambulatory illness; c. Reduce company health costs and lost productivity; and d. attract and retain employees.
- Eli Lilly's Quantification of Economic Relationships: $\text{Formula} = (\text{Direct} + \text{Indirect Costs of Disease}) - (\text{Cost of Demonstratable Disease Reduction or Avoidance}) = \text{Net Result}$.
- Examples of Leveraging Resources were reviewed. Direct resources (on-site medical expertise and screening services & on-site facilities) and Indirect resources (on-site and in the community) were discussed. Five Screening Programs reviewed as examples of On-Site functions: ambulatory adult care, mammography, physical therapy, gynecology, personal lab studies. Success of preventative colonoscopy program reviewed. Impressive disease detection, and operational cost savings and cost reductions were quantified.
- Cost benefit analysis reported in journal articles and editorials in the NEJM, Amer. J. of Radiology, and the J. Amer. Med. Association – they serve as foundational articles contributing to contemporary Medicare screening recommendations and reimbursement literature.
- Corporate Occupational Health programs can create (i.e. leverage) cost (reduction) and (improved) quality shifts. These values accrue not only to the company but to the community healthcare system as well.